

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121323

Entity Name: SUMMER LAKES NO. 5, LLC

Current Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303-7217

Current Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303-7217

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1517 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name ASBURY, THOMAS SR
Address 4708 CAPITAL CIRCLE NW
City-State-Zip: TALLAHASSEE FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ASBURY SR

MGR

03/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date